

**MULTIPLE DEPE  
FEE CALCULATOR** **CLAIM  
SHEET**  
**(FOR USE WITH FORM PTO-875)**

SERIAL N

**APPLICANT(S)**

**FILING DATE**

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51	*
2		/				52	*
3						53	*
4		/				54	*
5						55	*
6		/				56	*
7						57	*
8						58	*
9						59	*
10						60	*
11		/				61	*
12						62	*
13	/	/				63	*
14						64	*
15	/	/				65	*
16						66	*
17						67	*
18						68	*
19						69	*
20						70	*
21						71	*
22						72	*
23						73	*
24						74	*
25						75	*
26						76	*
27						77	*
28						78	*
29						79	*
30						80	*
31						81	*
32						82	*
33						83	*
34						84	*
35						85	*
36						86	*
37						87	*
38						88	*
39						89	*
40						90	*
41						91	*
42						92	*
43						93	*
44						94	*
45						95	*
46						96	*
47						97	*
48						98	*
49						99	*
50						100	*
TOTAL IND.	3					TOTAL IND.	
TOTAL DEP.	12					TOTAL DEP.	
TOTAL CLAIMS	15					TOTAL CLAIMS	

CLAIMS